Michigan Department of	Treasury
163 (Rev. 10-17)	

Account Number (FEIN or TR Number)	٦

Notice of Change or Discontinuance

Use this form only if you discontinued or made changes to your business. Complete all sections that apply. Changes provided on this form may also be completed electronically at **mto.treasury.michigan.gov**. If using this form, sign and mail to: Michigan Department of Treasury, Registration Section, PO Box 30778, Lansing MI 48909.

PART 1: BUSINESS INFORMATION	YOU MUST SIGN THIS FORM
Taxpayer's Business Name and Legal Address	Taxpayer's Business Name and Mailing Address
Change our Business Name and/or Legal Address To: (If P.O. Box Number, you must include a street address)	Change our Business Name and/or Mailing Address To:
PART 2: DISCONTINUE BUSINESS Discontinue All Business Tax Types - Effective Date: PART 3: CHANGE TAX TYPE	ADD DEL Payroll/Pension Withholding Tax** Motor Fuel Tax License Cation for Registration (form 518). ADD DEL IFTA Licenses Tobacco Products Tax License
 A seasonal business is required to file monthly for all monthly f	nths the business is open. My business is open from
Taxpayer's Signature (Required)	Print Taxpayer's Name and Title (Required) Date